

# **Application Data Sheet**

## **Application Information**

Application number::  
Filing Date:: 12/04/01  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: BIOFILM THERAPY PROCESS AND ELEMENTS  
Attorney Docket Number:: 005369/00015  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 4  
Small Entity?::  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dale  
Middle Name::  
Family Name:: Brown  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence:: US  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address:: USA  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: D.  
Family Name:: White  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence:: US  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address:: US  
Postal or Zip Code of mailing address::

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|   |               |
|---|---------------|
| Applicant Authority Type::              | Inventor      |
| Primary Citizenship Country::           | US            |
| Status::                                | Full Capacity |
| Given Name::                            |               |
| Middle Name::                           |               |
| Family Name::                           |               |
| Name Suffix::                           |               |
| City of Residence::                     |               |
| State or Province of Residence::        |               |
| Country of Residence::                  | US            |
| Street of mailing address::             |               |
| City of mailing address::               |               |
| State or Province of mailing address::  |               |
| Country of mailing address::            |               |
| Postal or Zip Code of mailing address:: |               |
| Applicant Authority Type::              | Inventor      |
| Primary Citizenship Country::           |               |
| Status::                                | Full Capacity |
| Given Name::                            |               |
| Middle Name::                           |               |
| Family Name::                           |               |
| Name Suffix::                           |               |
| City of Residence::                     |               |
| State or Province of Residence::        |               |
| Country of Residence::                  | US            |
| Street of mailing address::             |               |
| City of mailing address::               |               |
| State or Province of mailing address::  |               |
| Country of mailing address::            |               |
| Postal or Zip Code of mailing address:: |               |

Project "2065000"

Applicant Authority Type::  
Primary Citizenship Country::  
Status::  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

**Correspondence Information**

Correspondence Customer Number:: 22910

**Representative Information**

Representative Customer Number:: 22910

**Domestic Priority Information**

|                  |                    |                      |                      |
|------------------|--------------------|----------------------|----------------------|
| Application::    | Continuity Type::  | Parent Application:: | Parent Filing Date:: |
| This Application | Non-Provisional of | 60/254,457           | 12/08/00             |
|                  |                    |                      |                      |
|                  |                    |                      |                      |

## Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |
|           |                      |               |                    |
|           |                      |               |                    |

## Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::